SUMMARY SHEET

Dec. 15, 2005 Change in Company's premium or rate level produced by rate revision effective August 1, 2005 (3) (1) Percent Annual Premium Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability 1. Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 0.0% 3. Liability Other Than Auto (General Liability) Burglary and Theft 4. 5. Glass 6. **Fidelity** 7. Surety 8. Boiler and Machinery 9. Extended Coverage 10. Inland Marine 11. 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 1,493,788 +13.3% 15. Other Medical Malpractice -Claims Made (Dental Professional Liability) Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FRECEIVED

JUN 3 0 2005

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

We have estimated the impact of items 2 and 3 to be +3.0%.

4. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.

This percentage was selected from competitive information and our perception of the inherent risk involved in underwriting this program. As we are not tracking this exposure today, we are unable to quantify this change.

The overall rate effect of these changes is an increase of 13.3%. Our rate indications are developed on the attached exhibits. These changes are also outlined in the accompanying rate and rule filing memorandum.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Insurance Company

Name of Company

ct Executive

Official - Title

SUMMARY SHEET DEC. 15, 2005

1	Change in	n Company's premium or rate l	level produced by rate revision effective	August 1, 2005
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		obile Liability e Passenger		
		nercial		-
2.	Privat	obile Physical Damage e Passenger		
•		nercial	(2.010	0.0%
3. Liabili		y Other Than Auto (General	63,818	0.0%
4.		ry and Theft		
4. 5.	Glass	ry and Then		
5. 6.				
0. 7.	Fidelity	,		
7. 8.	Surety	and Machinem		
		and Machinery		
9.	Fire	1.0		
10.		ed Coverage		
11.	Inland			
12. 13.	Homeo	owners ercial Multi-Peril		
14.	Crop H		152 922	+13.3%
15.	Other	Medical Malpractice - Occurrence	152,822	+13.3%
		(Dental Professional Liability)		
Does f	iling only	apply to certain territory (terr	itories) or certain classes? If so, specify:	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUN 3 0 2005

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

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The overall rate effect of these changes is an increase of 13.3%. Our rate indications are developed on the attached exhibits. These changes are also outlined in the accompanying rate and rule filing memorandum.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Insurance Company

Name of Company

auct Executive

Official - Title

	Change in Company's premium or i	rate level produced by rate revision effective	January 1, 2006
	(1)	(2)	
	<u>Coverage</u>	Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	·	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Contractual Liability	827058	
	Line of Insurance	027030	+6.2
Does fil No	ling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
Brief de Rate in Has no	scription of filing. (If filing follows acrease filing and filing to add addition effect to any existing contract-holder	rates of an advisory organization, specify orgonal program rating/coverage options. ers because the product is not renewable.	anization):

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

DEC 29 2005

SPRINGFIELD, ILLINOIS

American Mercury Insurance Co. Name of Company

Gary Goff, Actuarial Assistant Official - Title

	Change in Company's premium or rate	e level produced by rate revision effective	January 1, 2006
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		······
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Contractual Liability Line of Insurance	295804	+3.3
D			
No No	illing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
Brief	description of filing. (If filing follows	rates of an advisory organization, specify o	rganization):
Rate	increase filing and filing to add addition	onal program rating/coverage options.	
Has	no effect to any existing contract-holde	ers because the product is not renewable.	
	-		
* A	djusted to reflect all prior rate changes		
** C	change in Company's premium level wh	ich will	
	esult from application of new rates.		
	ban nom approación or non tates.		
	The state of the s	DIVISION OF INSURANCE	
	The state of the s		
	The second secon	RECEIVED	
	out non approach on to how tues.		an Mercury Insurance Co.
		RECEIVED	an Mercury Insurance Co. Name of Company
		RECEIVED	an Mercury Insurance Co. Name of Company
		DEC 2 9 2005 Americ SPRINGFIELD, ILLINOIS	an Mercury Insurance Co. Name of Company off, Actuarial Assistant Official - Title

	Change in	Company's premium or rate	level produced by rate revision effective	August 1, 2005
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Privat	obile Liability e Passenger nercial		
2.	Privat	obile Physical Damage ce Passenger nercial		
3.	Liabilit	ty Other Than Auto (General	63,818	0.0%
Liabil			•	
4.	Burgla	ry and Theft		
5.	Glass			
6.	Fidelity	/		
7.	Surety		· · · · · · · · · · · · · · · · · · ·	
8.	Boiler	and Machinery		
9.	Fire			
10.	Extend	ed Coverage		
11.	Inland	Marine		
12.	Homeo	wners		
13.	Comme	ercial Multi-Peril		
14.	Crop H	ail		
15.	Other	Medical Malpractice - Occurrence	152,822	+13.3%
		(Dental Professional Liability)		
Does :	filing only	apply to certain territory (terr	itories) or certain classes? If so, specify:	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR
STATE OF ILLINOIS/IDEPR
JUN 3 0 2005

SPRINGFIELD, ILLINOIS

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

We have estimated the impact of items 2 and 3 to be +3.0%.

4. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.

This percentage was selected from competitive information and our perception of the inherent risk involved in underwriting this program. As we are not tracking this exposure today, we are unable to quantify this change.

The overall rate effect of these changes is an increase of 13.3%. Our rate indications are developed on the attached exhibits. These changes are also outlined in the accompanying rate and rule filing memorandum.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Associated Indemnity Company

Name of Company

uct Executive

Official - Title

SUMMARY SHEET DEC. 15, 2005

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial	· · · · · · · · · · · · · · · · · · ·	
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto (General	0	0.0%
Liabili	• •		
· 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Medical Malpractice – Claims Made	1,493,788	+13.3%
	(Dental Professional Liability)		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUN 3 0 2005

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

We have estimated the impact of items 2 and 3 to be +3.0%.

4. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.

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The overall rate effect of these changes is an increase of 13.3%. Our rate indications are developed on the attached exhibits. These changes are also outlined in the accompanying rate and rule filing memorandum.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Associated Indemnity Company

Name of Company

executive

Official - Title

SUMMARY SHEET

Change in Company's premium revision effective 9-1-06	n or rate level produced	by rate
(1)	(2) Annual Premium	(3) Percent Change (+ or -)**
Coverage	Volume (Illinois) *	Change (+ Of -/
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery		
9. Fire		
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Other Fire & Allied	+\$56,485	+5.8%
Line of Insurance	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Does filing only apply to certain If so, specify: No	territory (territories)o	r certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates of): Filing to adopt ISO'	an advisory s CF-2005-RLA1 loss
cost revision	ı	DIVISION OF INSURANCE
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED
* Adjusted to reflect all prior r ** Change in Company's premium lev		DEC 0 2 2005

Bituminous Casualty Corporation	
 Name of Company	_

Dan Trotter	-	Director -	Rate	Development	&	Filings
		Official	- Tit	:le		

H29219D

result from application of new rates.

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

DEC 0 2 2005

SPRINGFIFL Da HELINOIS

Change in Company's premium or rate level prevision effective 9-1-06

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft	·	
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Fire & Allied	\$24,261	+5.8%
Line of Insurance		
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?

Brief description of filing. (If filing follows rates of an advisory

organization, specify organization): Filing to adopt ISO's CF-2005-RLA1 loss

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Bituminous	Fire	and	Mar	ine	Insuranc	ce	Company
	N	ame	of C	omp.	any		

Dan Trotter	-	Director -	Rate	Development	&	Filings
		Official	- Tit	tle		

H29219D

cost revision.

Dec. 15, 2005

	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail Medical Maleractice		
15.	Other Physicians Assistants	1,728	+10.0%
	Line of Insurance		
	iling only apply to certain territory (terri	tories) or certain classes? If so, specify:	
N/A			
.			
		tes of an advisory organization, specify of	organization):
Inis	filing represents a rate change of +10.09	6 for all Physician Assistant insureds.	·

Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAR 2 9 2005

SPRINGFIELD, ILLINOIS

Chicago Insurance Company

Name of Company

duct Executive

Official - Title

SUMMARY SHEET Dec. 15, 2005

(Change in Company's premium or rate	level produced by rate revision effective	June 1, 2005
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	-	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		· · · · · · · · · · · · · · · · · · ·
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail Medical Malpractic	· <u>e_</u>	
15.	Other Physical Therapists	333,609	+11.1%
	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
		rates of an advisory organization, specify of +11.1% for all Physical Therapist insur	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAR 2 9 2005

SPRINGFIELD, ILLINOIS

Chicago Insurance Company

Name of Company

Product Executive

Official - Title

(Change in Company's premiur	n or rate level produced by rate revision effecti	ve $\frac{10-28-05}{3}$ $\frac{3}{3}$ $\frac{1-06}{3}$
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Dama	ge	
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	<u> </u>	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10. 11.	Extended Coverage Inland Marine	Apr. 1	
11.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Clergy Mobile	\$1,144	25.00%
	Homeowners	4-3-	
	Line of Insurance	•	
Does f	iling only apply to certain ten	ritory (territories) or certain classes? If so, spe	cify:
No			-
Brief o	description of filing. (If filing	follows rates of an advisory organization, spe	cify organization):
	31 3 A (CA 11)		
	djusted to reflect all prior rate nange in Company's premium	level which will ANCE	
	sult from application of new	rates OF INSUMPER	
10	and it of approaches of the state of	WISION FILLING	
	7	DISTATE CE - OUT	
	\	21 2003	
	'	NOV	Church Mutual Insurance Company
		1 ILLINOIO	Name of Company
		changes. I level which will NSURANCE rates. DIVISION OF INSURANCE NOV 2 1 2005 NOV 2 1 2005 SPRINGFIELD, ILLINOIS	
		SPRING	
			Steve Nurre, CPCU, AIS
			DirectorCommercial Lines
			Official - Title
	an-		Ollinia - 1100

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	7/15/06
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	***	
13. Commercial Multi-Peril		
14. Crop Hail	<u> </u>	-5.12%
15. Other <u>Businessowners Package</u> Line of Insurance	\$6,196,241.	-5.1276
Does filing only apply to certain territo protection classes.	ry (territories) or certain classes? If so	, specify: Applies to all territories and
Brief description of filing. (If filing follows rates are being revised for all territories was premium increments.	s rates of an advisory organization, spec vith a combined total net effect of -5.12%.	oify organization): <u>Building and contents</u> We are also revising the special
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rat	cinnati Insurance Company
		Name of Company
	Cai- D-t	danian Caniar Filippa Canaialist
	Connie Peter	rtonies - Senior Filings Specialist Official - Title
		Onicial - 1180

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

DEC 2 1 2005

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	07/15/2006					
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>				
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial						
3. Liability Other Than Auto4. Burglary and Theft						
5. Glass6. Fidelity7. Surety						
8. Boiler and Machinery9. Fire10. Extended Coverage						
11. Inland Marine12. Homeowners13. Commercial Multi-Peril						
Crop Hail Sther Businessowners Package Line of Insurance	\$6,196,241.	-0.81%				
Does filing only apply to certain territory (Equipment Breakdown coverage availa Breakdown are affected by this change.	territories) or certain classes? If so, specify: ble under the Businessowners Package I	This filing ONLY applies to our Program. All classes of Equipment				
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are reducing our rates for our Equipment Breakdown Coverage under our Businessowners Package Program. Our current rates are not competitive and we feel we must reduce the rates to remain competitive for this coverage. Our goal is to be more in line with what our competitors are charging for this same coverage.						
*Adjusted to reflect all prior rate changes	•					
		nati Insurance Company Name of Company				
DIVISION OF INSURANCE DIVISION OF ILLINOISIDE D STATE OF ILLINOISIDE D STATE OF ILLINOISIDE D 5 2005	Connie Petertor	njes - Senior Filings Specialist Official – Title				
DEC - 5 2005 SPRINGFIELD, ILLINOIS						
SPRINGFIELD	ective date cha	nge only.				

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	03/15/2006
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial 		
Liability Other Than Auto Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail15. Other <u>Businessowners Package</u>	\$6,196,241.	-0.81%
Line of Insurance	ψ0,130,241.	-0.017/
Equipment Breakdown coverage availar Breakdown are affected by this change. Brief description of filing. (If filing follows rates for our Equipment Breakdown Coverage competitive and we feel we must reduce	territories) or certain classes? If so, specification ble under the Businessowners Package rates of an advisory organization, specify a grage under our Businessowners Package the rates to remain competitive for this content.	Program. All classes of Equipment organization): We are reducing our Program. Our current rates are not
with what our competitors are charging for	r this same coverage.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level with	hich will result from application of new rate	es.
	The Cinc	innati Insurance Company
OF INSURANCE		Name of Company
DIVISION STATE OF ILLINOIS/IDEAD	Connie Petert	onjes - Senior Filings Specialist
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED		Official Title
DEC - 5 2005		
SPRINGFIELD, ILLINOIS		1
Effectiv-	e date Change	only.

Dec. 16,2005

4	Change in Company's premium or rat	7/1/2005	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		* * **********************************
7 .	Surety		
8.	Boiler and Machinery		
9.	Fire	-	
10.	Extended Coverage		
11.	Inland Marine	<u></u>	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Medical Malpractice	\$0	+4.1%
	Line of Insurance		
Does f	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
Allc	lasses have a base rate increase; partic	cular classes are adjusted further; See Exhib	it 1
		rates of an advisory organization, specify of	organization):
	Base rate increase of +6.2% for all class		
(2) E	limination of Blood Plasma Bank and	d Dialysis Center classes	

- (3) Addition of the following classes:
 - (a) Lithotripsy Centers
 - (b) Cancer Treatment Centers (Non-Radiological)
 - (c) Sleep Centers
 - (d) Cardiac Catheterization Labs Diagnostic
 - (e) Cardiac Catheterization Labs Intervention
 - (f) Rehabilitation All Other (i.e. Speech, Art, Clay, Music, etc.)
- (4) Segmentation of Laboratory Medical/Pathological/X-Ray and Pharmacy classes
- Overall proposed rate increase is +4.1%. Proposed effective date is 7/1/2005.
- * Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

H29219D

JUN 0 6 2005

SPRINGFIELD, ILLINOIS

Continental Casualty Company

Name of Company

SUMMARY SHEET DEC. 15, 2005

C	hange in Company's premium or rate l	August 1, 2005	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto (General	0	0.0%
Liability			
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Medical Malpractice – Claims Made	1,493,788	+13.3%
	(Dental Professional Liability)		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR
STATE OF ILLINOIS/IDEPR
JUN 3 0 2005

SPRINGFIELD, ILLINOIS

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

We have estimated the impact of items 2 and 3 to be +3.0%.

4. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.

This percentage was selected from competitive information and our perception of the inherent risk involved in underwriting this program. As we are not tracking this exposure today, we are unable to quantify this change.

The overall rate effect of these changes is an increase of 13.3%. Our rate indications are developed on the attached exhibits. These changes are also outlined in the accompanying rate and rule filing memorandum.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance

Company

Name of Company

Product Executive

Official - Title

	Change in	n Company's premium or rate l	level produced by rate revision effective	August 1, 2005
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Privat	obile Liability te Passenger nercial		
2.	Autom Privat	obile Physical Damage te Passenger		
		nercial		
3.		ty Other Than Auto (General	63,818	0.0%
Liabi				
4.	_	ry and Theft		
5.	Glass			4000
6.	Fidelity			
7.	Surety			
8.	Boiler	and Machinery		
9.	Fire		<u> </u>	
10.	Extend	ed Coverage		
11.	Inland	Marine		
12.	Homeo	owners		
13.	Comm	ercial Multi-Peril	****	
14.	Crop H	Iail		
15.	Other	Medical Malpractice - Occurrence	152,822	+13.3%
		(Dental Professional Liability)		
Does	filing only	apply to certain territory (terr	itories) or certain classes? If so, specify:	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 3 0 2005

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

We have estimated the impact of items 2 and 3 to be +3.0%.

4. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.

This percentage was selected from competitive information and our perception of the inherent risk involved in underwriting this program. As we are not tracking this exposure today, we are unable to quantify this change.

The overall rate effect of these changes is an increase of 13.3%. Our rate indications are developed on the attached exhibits. These changes are also outlined in the accompanying rate and rule filing memorandum.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance

Company

Name of Company

Product Executive

Official - Title

SUMMARY SHEET DEC. 15, 2005

	Change in	Company's premium or rate	level produced by rate revision effective	August 1, 2005
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automo	obile Liability		
		e Passenger		
	Comn	nercial		
2.	Autome	obile Physical Damage		
		e Passenger		
		nercial		
3.		y Other Than Auto (General	0	0.0%
Liabili	• -			
4.	_	y and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety		. 	
8.		and Machinery		
9.	Fire			
10.		ed Coverage		
11.	Inland 1			
12.	Homeo			
13.		ercial Multi-Peril		
14.	Crop H			10.004
15.	Other	Medical Malpractice – Claims Made	1,493,788	+13.3%
		(Dental Professional Liability)		
Does i	iling only	apply to certain territory (terr	ritories) or certain classes? If so, specify:	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEBED JUN 3 0 2005

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

We have estimated the impact of items 2 and 3 to be +3.0%.

4. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.

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* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance Company of Wisconsin

Name of Company

Product Executive

Official - Title

SUMMARY SHEET DOC. 15, 2005

Company's premium or rate le (1) Coverage Dile Liability Passenger Troial Dile Physical Damage Passenger Troial Other Than Auto (General and Theft	(2) Annual Premium Volume (Illinois)*	August 1, 2005 (3) Percent Change (+ or -)** 0.0%
Coverage Dile Liability Passenger Troial Passenger Passenger Troial Other Than Auto (General	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Coverage Dile Liability Passenger Troial Passenger Passenger Troial Other Than Auto (General	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
pile Liability Passenger recial pile Physical Damage Passenger recial Other Than Auto (General	Volume (Illinois)*	<u>Change (+ or -)**</u>
Passenger ricial pile Physical Damage Passenger ricial Other Than Auto (General	63,818	0.0%
rcial bile Physical Damage Passenger rcial Other Than Auto (General	63,818	0.0%
oile Physical Damage Passenger ricial Other Than Auto (General	63,818	0.0%
Passenger ricial Other Than Auto (General	63,818	0.0%
Other Than Auto (General	63,818	0.0%
	63,818	0.0%
and Theft		
and Theft		
· ·		
d Machinery		
l Coverage		
larine		
ners		
cial Multi-Peril		
Crop Hail		
Medical Malpractice -	152,822	+13.3%
Occurrence		
(Dental Professional Liability)		
	Coverage arine ners cial Multi-Peril l Medical Malpractice - Occurrence (Dental Professional Liability)	Coverage arine ners cial Multi-Peril l Medical Malpractice - Occurrence (Dental Professional

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 3 0 2005

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

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4. We are adding a +20.0% charge for any dentist that includes minor surgeries in their practice.

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* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance Company of Wisconsin

Name of Company

Product Executive

Official - Title

	Change in Company's premium or rate level produced by rate revision effective			2-01-06 New Business and 4-01-06 Renewals
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automo	bile Liability		
		Passenger		
	Comm			
2.		bile Physical Damage		
		Passenger		
_	Comm			
3.	•	Other Than Auto		
4.		y and Theft		
5.	Glass		-	
6.	Fidelity		· · · · · · · · · · · · · · · · · · ·	
7.	Surety	and Marahimana		
8. 9.	Fire	nd Machinery		
9. 10.		d Coverage		
10.	Inland N	•		
11.	Homeov			
13.		rcial Multi-Peril		
14.	Crop Ha			· · · · · · · · · · · · · · · · · · ·
15.	Other	Business Protector	\$1,183,567	-6.9%
	01.0.	Line of Insurance		
		·		
Does N/A		apply to certain territory (te	erritories) or certain classes? If so, specify:	
_IN/A				
n de c	4	-661: (I661: 6-11	rates of an advisant arganization angels;	organization):
		or filing. (If filing follows or Rule and Rate Revision	rates of an advisory organization, specify of	ngamzanonj:
Dusiii	Cas Florecti	of Kule and Rate Revision		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR
DEC 19 2005

SPRINGFIELD, ILLINOIS

Frankenmuth Mutual Insurance
Name of Company

Anne Kohler
Sr. Commercial Technician
Official - Title

	Change in Company's premium or rate level produced by rate revision effective			3/1/06 New; 5/1/06 Renewals	
		(1)	(2)	(3)	
		Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**	
1.		obile Liability			
		e Passenger nercial			
2.		obile Physical Damage e Passenger			
		e Passenger nercial			
3.		y Other Than Auto			
4.		ry and Theft			
5.	Glass	.,			
6.	Fidelity	<i>i</i>			
7.	Surety				
8.	Boiler a	and Machinery			
9.	Fire				
10.		ed Coverage			
11.	Inland 1	Marine			
12.	Homeo	.,			
13.		ercial Multi-Peril			
14.	Crop H				
15.	Other	Farm Property	\$6,743	+7.5%	
		Line of Insurance			
Does App	filing only lies to all p	apply to certain territory policyholders. Changes b	(territories) or certain classes? If so, specify: y coverage shown on Exhibit 1.		
			ws rates of an advisory organization, specify conjunction with introducing the most recently		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

DEC 2 2 2005

H29219D

SPRINGFIELD, ILLINOIS

Goodville Mutual Casualty Co.

Name of Company

Brian Frankhouser, Rate Analyst

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate

revision effective $04/01$	/2006	•
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u> Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		<u> </u>
8. Boiler and Machinery		

9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners

15,918

13. Commercial Multi-Peril

14. Crop Hail

15. Other Businessowners

Line of Insurance

Does filing only apply to certain territory (territories)or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Decreasing the minimum premium to \$500

***(The overall effect is based on assuming that all \$1000 policies will be reduced to \$500. Some policies may not be reduced at all, whereas others may be between \$500 and \$1000.)

* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.

	Gr	aphic Arts Mutual Insurance Company
		Name of Company
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED Geor	ge T. Dodd - Vice President/Actuary
H29219D	DEC 2 3 2005	Official - Title
	SPRINGFIELD, ILLINOIS	

INS00106

-3.48***

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's pr revision effective Ja	remium or rate level produced b nuary 1, 2006	y rate
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change $(+ or -)**$
 Automobile Liability Private Passenger Commercial 		
2. Automobile Physical Damag Private Passenger Commercial	e	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire 10. Extended Coverage		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Direct Wind	\$2,065,294	+9.0%
Does filing only apply to cer If so, specify: No	tain territory (territories)or	certain classes?
Brief description of filing. organization, specify organiz	(If filing follows rates of a ation): 10.0% increase in rat	n advisory es and increasing the
Auto/Home discount from 10% t	to 15%. Overall impact = +9.0%.	-dwellina -
* Adjusted to reflect all pr ** Change in Company's premiu result from application of	m level which will	
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Grinnell Mutual Reir	
RECEIVED	Name of Compar	ry
SEP % 0 2005		
	Joel Kelling - F	
SPRINGEIELD III NOIS	Official - Tit	τe

Change in Company's premiure revision effective 2 3	m or rate level produced : N-06	by rate
(1)	(2)	(3)
•••	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	1818.11	
9. Fire		
10. Extended Coverage	·	
11. Inland Marine		
12. Homeowners	· · · · · · · · · · · · · · · · · · ·	
13. Commercial Multi-Peril		
14. Crop Hail		
14. Crop Hail 15. Other BOP	1,976,694	0%
Line of Insurance	1,976,694	
Does filing only apply to certain If so, specify: No Brief description of filing. (If organization, specify organization)	filing follows rates of a	an advisory
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	
	Grinnell Mutual Rei	nsurance
	Name of Compa	ny
	David McClain Proc	luct Analyst
	Official - Tit	le
W00010D		

(Change in Company's premium or rat (1)	e level produced by rate revision effective (2)	December 1, 2005 (3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		OF INSURANCE OF ILLINOISIDEPR
6.	Fidelity	16101	OF INSUIDEPR
7.	Surety	DIVISION	OF ILLINOIS EL
8.	Boiler and Machinery	RE	CE.
9.	Fire		OV 3 0 2005
10.	Extended Coverage	N	0130
11.	Inland Marine		
12.	Homeowners		INGFIELD, ILLINOIS
13.	Commercial Multi-Peril	SPR	INGPILL
14.	Crop Hail		
15.	Other Manufactured Homes	28,344	(9.0)
	Line of Insurance		
	iling only apply to certain territory (to plete State	erritories) or certain classes? If so, specify:	
Brief		s rates of an advisory organization, specify of the to write more profitable business.	organization):

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Hastings Mutual Insurance Co. Name of Company

Dave D'Amour Product Manager
Official - Title

SUMMARY SHEET

		(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
		Coverage	volume (minois)	Change (* or -)
1.		bile Liability		
	Comm	Passenger		
2.		bile Physical Damage		
۷.		Passenger		
	Comm			
3.		Other Than Auto		
4.	•	and Theft		
5.	Glass			<u></u>
6.	Fidelity			
7.	Surety			
8.	Boiler a	nd Machinery		
9.	Fire			
10.	Extende	d Coverage		****
11.	Inland N	/larine		
12.	Homeov	vners		
13.	Comme	rcial Multi-Peril		
14.	Сгор На	iil	·····	
15.	Other	Farmowners	1,277,775	0.0
		Line of Insurance		
oes t	iling only	apply to certain territory (t	erritories) or certain classes? If so, specify:	
		·		
		0.0011 (70.0011 0.11		
			s rates of an advisory organization, specify	organization):
_quip	ment Break	down coverage is added t	o all Farmowner policies.	

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

DEC 2 8 2005

SPRINGFIELD, ILLINOIS

Hastings Mutual Insurance Co.
Name of Company

Dave D'Amour Product Manager
Official - Title

Form (RF-3)

	Change in Company	y's premium or rate level	produced by rate revision effective:	March 1, 2006
--	-------------------	---------------------------	--------------------------------------	---------------

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)*</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass	T I I I I I I I I I I I I I I I I I I I	LOC INCUDANCE
6.	Fidelity	DIVISION OF INS	
7.	Surety		
8.	Boiler & Machinery	DE	C - 2 2005
9.	Fire		
10.	Extended Coverage	SPRING	GFIELD, ILLINOIS
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other: Businessowners Line of Insurance	\$547,561 (12-31-04)	-2.7%
oes f	iling only apply to certain territory (ter	ritories) or certain classes? Yes	

If so, specify: Reassigned territories while creating new ones.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Decreasing space building and business personal property loss costs for the new territories and existing territories 90 and 100...

IMT Insurance Company (Mutual) Name of Company

Anita Lee, CPCU, ARP, Senior Compliance Analyst, Research & Development Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity		
7 Curotu		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		70.004
15. Other Other Liability Line of Insurance	\$26,608	+72.6%
• , , , ,	erritories) or certain classes? If so, specify:	Notary Public Errors and Omissions
Policies	<u> </u>	
Briof description of filing /If filing follows	rates of an advisory organization, specify	organization): Expand Notary Public
F&O Program to add new policy limits	increase rates for existing policy limit	s. add new product for Employer's
Comprehensive Notary E&O, add addition	al term limit options for new program to be	implemented on January 1, 2006.
*Adjusted to reflect all prior rate changes.	ich will result from application of new rates	
Change in Company's premium level wit	ich will result from application of fice rates	•
		onding Company (Mutual)
		Name of Company
	Cappia lara	al Compliance Specialist
	Conne isra	el, Compliance Specialist Official - Title
DIVISION OF INSURANCE	-	
STATE OF ILLINOIS/IDEPR	-	
RECEIVED		
DEC 1 4 2005		
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i _	I	
SPRINGFIELD, ILLINOIS	1	

SUMMARY SHEET DEC. 15, 2005

	Change in	Company's premium or rate l	level produced by rate revision effective	August 1, 2005
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)**
1.		obile Liability		
		e Passenger		
•		nercial		
2.		obile Physical Damage		
		e Passenger nercial	1,70	
3.		y Other Than Auto (General	63,818	0.0%
Liabi		y Other Than Adio (General	05,818	0.070
4.	• /	y and Theft		
5.	Glass	,		
6.	Fidelity	,		
7.	Surety			
8.	-	and Machinery		
9.	Fire	·		
10.	Extend	ed Coverage		
11.	Inland 1	Marine		
12.	Homeo	wners		
13.	Comme	ercial Multi-Peril		
14.	Crop H	ail		
15.	Other	Medical Malpractice -	152,822	+13.3%
		Occurrence		
		(Dental Professional		
		Liability)		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 3 0 2005

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

We have estimated the impact of items 2 and 3 to be +3.0%.

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* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Surety Corporation

Name of Company

t Executive

Official - Title

Dec. 15, 2005

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto (General	. 0	0.0%
abili	• -		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
15.	Other Medical Malpractice – Claims Made	1,493,788	+13.3%
	(Dental Professional Liability)		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUN 3 0 2005

- 1. We are introducing a base rate increase of 10.0%.
- 2. We have adjusted the credit for insureds attending a company sponsored or approved loss prevention program by reducing the current credit of 7.5% to 5.0%.
- 3. We have adjusted the credit rate for part-time dentists by reducing the current credit of 50.0% to 40.0%.

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* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Surety Corporation

1-010 V

Name of Company

Official - Title

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)**
1.		obile Liability		
		te Passenger		
		nercial		
2.		obile Physical Damage		
		e Passenger		
,		nercial		
3. 4		ry Other Than Auto		
5	Glass	ly and Their		
6.	Fidelity	,		
7	Surcty			
8.		and Machinery		
9	Fire			
10		ed Coverage		
11	Inland 1			
12	Homeo	wners		
13.	Comm	ercial Multi-Peril		
14.	Сгор Н	ail		
15.	Other	Professional Liability	485,330	+17.6
		Line of Insurance		
oes f	iling only	apply to certain territory (to	enitories) or certain classes? If so, specify:	
		····		
				<u></u>
TIPE C	escription	of filing. (If filing follows	rates of an advisory organization, specify of	organization):

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

DEC 15 2005

SPRINGFIELD, ILLINOIS

Philadelphia Indemnity Insurance

Сотрапу

Name of Company

Official - Title

H292191

Exhibit A Summary sheet (Form RF-3)

્ ' **વ**,

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: 8/1/2005

	ige in company's premium of 18	Change in Company's premium of rate level produced by rate revision effective.	6/1/2005	
		(1)	(2)	(3)
		Coverage	Volume (Illinois)*	Change (+or-)**
-:	Automobile Liability Private			
	Passenger			

Automobile Physical Damage Private Passenger Commercial \ddot{c}

Liability Other Than Auto

Glass

Fidelity

Surety

Boiler and Machinery

Fire

Extended Coverage

nland Marine

Commercial Multi-Peril Homeowners

Crop Hail

\$192,779 \$830,212 Hospital Professional Liability General Liability Other Line of Insurance

~ Please Note: Our General Liability rate is calculated as a percentage of the Hospital Professional Liability base rate. Although there is no change to this percentage, the 5% HPL rate increase will accordingly result in a 5% increase in GL premium.

+5%

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing is for the entire state and applies to Hospital Professional Liability and General Liability Name of Company: Physicians Insurance Company of Wisconsin, Inc. This filing is to propose a +5% rate level change to be effective 8/1/2005. Pam Otterback, Product and Compliance Manager March 29, 2005 Official Title: Filing Date:

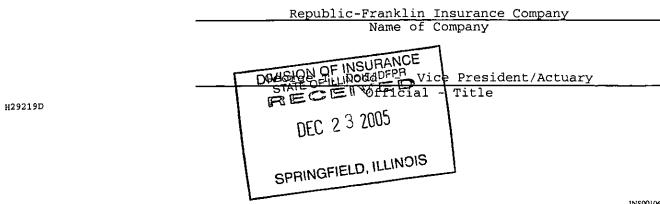
, 3**4**

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

Change in Company's premix revision effective 04/01/	um or rate level produced k 2006 .	oy rate
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Businessowners Line of Insurance	159,650	-3.48***
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates of a	n advisory um premium to \$500
***(The overall effect is based or reduced to \$500. Some policies mbetween \$500 and \$1000.)	on assuming that all \$1000 may not be reduced at all,	policies will be whereas others may be

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.



INS00106

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	3/01/06
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Professional Liability	\$48,536	+7.3%
Line of Insurance		
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows rate Private Practice Educators Program offering	Professional Liability coverage to memb	
and the Association of Public and Private Edu	ucators Risk Purchasing Groups.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates.	
	• •	
	Savers Property 8	Casualty Insurance Company
	N	ame of Company
	Mary I Kinney	Rate & Form Filings Analyst II
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

DEC 12 2005

Change in Company's premium or rate level produced by rate revision effective 12/31/05

10131011 011000110 12/31/0	, , , , , , , , , , , , , , , , , , , ,	•
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Property	162,166	10%
Line of Insurance		
Does filing only apply to certain If so, specify:		
Brief description of filing. (If organization		

- * Adjusted to reflect all prior rate changes.

 ** Change in Company's premium level which will result from application of new rates.

	THE PROPERTY OF INSURANCE	SECURA Insurance, A Mutual Company
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Name of Company
	DEC - 9 2005	
j	DEO °	Robert Bauman - official
		Official - Title
H29219D	SPRINGFIELD, ILLINOIS	

Change in Company's premium revision effective $04/01/$	um or rate level produced 1 2006	by rate
(1)	(2) Annual Premium	(3) Percent Change (+ or -)**
<u>Coverage</u>	<pre>Volume (Illinois)*</pre>	Change (+ or -)
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	274 212	-3.48***
15. Other Businessowners	374,212	-3.46
Line of Insurance Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Decreasing the minimum premium to \$500

***(The overall effect is based on assuming that all \$1000 policies will be reduced to \$500. Some policies may not be reduced at all, whereas others may be between \$500 and \$1000.)

* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.

Ut:	<u>lca Mutual Ir</u>	isurance Compar	<u>'Y</u>
	Name of	Company	
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	- 11	tion manufacture at	•

